THEMES EMERGING FROM THE FOUNDATION PROGRAMME REVIEW

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Wessex Deanery
Themes Emerging from the Foundation Programme Review

• The Foundation Programme Review
• A bit of history – how we’ve got to where we are
• Why a Review (now)?
• Emerging Themes
• Discussion – what might this mean for Wessex?
The Foundation Programme Review

- DEMEC, Manchester, November 2017
The Foundation Programme Review

- DEMEC, Manchester, November 2017
- MERP

Diagram:
- ACP/ Multi-professional Team Working
- ARCP Review Implementation
- Enhancing Supervision
- Individualised Training Pathways
- Foundation Programme Review
- Geographic distribution
- Undergraduate Medical E&T: School Expansion & Quality
- Training Structure and Delivery
- Enhancing Junior Doctors’ Working Lives
- Locally Employed Doctors: SAS/Trust Grade
- TOPOL, Technology & Innovation
- Population Health Management Fellowships

25 January 2019
The Foundation Programme Review

• DEMEC, Manchester, November 2017
• MERP
• But – how did we get here? A bit of history…

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I was a PRHO once...

There has never been a golden age of medical training
I was a PRHO once...

Each generation imagines itself to be more intelligent than the one that went before it, and wiser than the one that comes after it
1944: The Goodenough Report

The committee concludes that the training of medical students as proper forms can be conducted only under the auspices of a university and in institutions that conform to university standards. It should provide the student with a maximum

as a complement to the final examination. One of the most important recommendations is that each student, after passing his qualifying examination and before being admitted to the Medical Register and allowed to enter independent practice, should complete a 12-month period of appointments in hospital.
FY1s .......

• Undertaking complex emergency treatment with poor supervision
• Large administrative burden
• Excluded from clinical meetings
• Little time for study or reflection
PRHO jobs in 1964

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Hutton et al, Lancet, 1964
FY1 jobs ......

• ‘work pressure’
• ‘link communication person’
• ‘glorified ward clerk’
• ‘dustbin’
PRHO jobs in 1991

• ‘work pressure’
• ‘link communication person’
• ‘glorified ward clerk’
• ‘dustbin’

Dowling & Barrett, Bristol, 1991
PRHO jobs in 1997
2002: Unfinished Business

• Integrated, planned two-year Foundation programme of general training
• Develop core generic skills essential for all doctors
• Provide experience of different specialties and gain experience in looking after seriously ill patients
2005: The Foundation Programme begins (MMC)

- Pilots of FY2
- Educational & Clinical supervision
- Portfolio
- Workplace based assessment
2010: The Collins Report
2010: The Collins Report

STRENGTHS
• ‘credible UK-wide generic training programme’
• ‘educational infrastructure & faculty’
• ‘national curriculum’, ‘assessment’ and ‘safety’
• ‘exposure of trainees to a range of different specialties’

WEAKNESSES
• ‘lacks a clearly articulated and generally accepted purpose’
• ‘confusion about the role of the trainee’
• ‘provision of [realistic] career advice is inadequate’
• ‘distribution of placements by specialty does not reflect future needs of the NHS’
• ‘assessment of Foundation doctors is excessive, onerous and under valued’
Collins Review: assessments

**EXHIBIT 24** Clinical assessments submitted to ePortfolio for Foundation trainees

(August 2008–August 2009)

<table>
<thead>
<tr>
<th></th>
<th>F1</th>
<th>F2</th>
<th>Total</th>
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<tr>
<td>CBD</td>
<td>37,901</td>
<td>34,585</td>
<td>72,486</td>
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<td></td>
<td>(mean = 5.7 per trainee)</td>
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<td>DOPS</td>
<td>63,474</td>
<td>41,485</td>
<td>104,959</td>
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<td>(mean = 8.2 per trainee)</td>
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<tr>
<td>Mini-CEX</td>
<td>38,304</td>
<td>33,815</td>
<td>72,119</td>
</tr>
<tr>
<td></td>
<td>(mean = 5.7 per trainee)</td>
<td></td>
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</tr>
</tbody>
</table>
Collins Review: assessments

EXHIBIT 26 Mini-CEX overall clinical care scores

(n = 72,119)
Collins Review: safety & supervision

EXHIBIT 38 Clinical supervision by post specialty for Foundation trainees

SOURCE: PMETB Survey, 2009
Why a Review (now)?
Why a Review (now)?

• 1500 new medical school places
Why a Review (now)?

• 1500 new medical school places (in England)
Why a Review (now)?

• A review of specialty recruitment?

% FY2s entering directly into specialty training

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Why a Review (now)?

- A review of specialty recruitment?
  - Shortage specialties
  - Geographical inequity
Emerging Themes
Emerging Themes

1. Purpose of the Foundation Programme
2. Time to Choose
3. Workforce
4. Supporting & Valuing
5. Education Support
6. 4-Nations Alignment

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Emerging Themes

Generic Training
• Doctors in the programme should receive generic training that will allow their development as:
  – compassionate and responsible doctors
  – valued and effective healthcare workers
  – independent professionals capable of ongoing professional development

Central support
• A college or faculty of Foundation?
Emerging Themes

FY1
• safe space to learn/transition from student to doctor/integrate into workforce/team
• will mostly require direct supervision and specific assessment
• should spend most of their time on service delivery developing the ‘independence’ required to become an F2 (a doctor with more independence and responsibility)
• outcome/capability: to become an FY2 (doctor with more responsibility)

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Emerging Themes

FY2

• develop decision making skills required for the ‘preparedness’ to enter specialty training or other areas of the workforce where they can deliver generalist holistic care under indirect and, in some areas, remote supervision
• have an opportunity to develop non-clinical roles of the doctor such as research, management, teaching and quality improvement
• need less regular/specific and more global assessment
• shortage specialty recruitment:
  – Themed rotations?
  – Run-through from medical school?
  – Run-through into specialty training?
Emerging Themes

Careers
• More career support - national framework & resources
• Career leads within each Foundation School
  – ?non-clinicians or clinicians

Academic FP
• Review of purpose

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Emerging Themes

Workforce
- Shortage specialties, shortage areas
- Menu of incentives for employers in difficult to fill areas
- Over-recruitment/overbooking
- Impact of ‘new’ professions (e.g. PAs) on FY1s

Support for trainees
- Closer links between Foundation Schools & Medical Schools
- Widening Special Circumstances criteria
- LTFT – specific supervisors?
- TINOS (DiDs)
- Study leave

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Emerging Themes

Supervision, Teaching & Learning

- Educational Supervision (will use NACT job description as will be in Gold Guide; some Foundation-specific additions)
- Named Clinical Supervisor role (will use NACT job description as will be in Gold Guide; some Foundation-specific additions)
- Workplace supervision including out of hours
NHS Long Term Plan

As medicine advances, health needs change and society develops, the NHS has to continually move forward so that in 10 years time we have a service fit for the future.

The NHS Long Term Plan is drawn up by frontline staff, patients groups, and national experts to be ambitious but realistic.
4.29. Working with the British Medical Association, the medical Royal Colleges, the General Medical Council and providers, we will also address:

- how the wider NHS can support the implementation of HEE’s work to improve the working lives of doctors in training, including providing adequate time for supervision, accelerating implementation of ‘step out and step in’ training programmes and further work to enable trainees to switch specialties without restarting training;
- how to accelerate the development of credentialing, which has been piloted by HEE, to enable doctors to broaden the scope of their practice, both during and after training;
- how to reform and re-open the Associate Specialist grade as an attractive career option in line with the HEE led strategy for Specialist and Associate Specialist doctors;
- the acceleration of work to ensure doctors are trained with the generalist skills needed to meet the needs of an ageing population, alongside the development of specialist knowledge and skills;
- the development of incentives to ensure that the specialty choices of trainees meet the needs of patients by matching specialty and geographical needs, especially in primary care, community care and mental health services;
- the consideration of any further proposals from the work on reforming medical education which will support the delivery of the Long Term Plan.
Emerging Themes

Supervision, Teaching & Learning

- Educational Supervision (will use NACT job description as will be in Gold Guide; some Foundation-specific additions)
- Named Clinical Supervisor role (will use NACT job description as will be in Gold Guide; some Foundation-specific additions)
- Workplace supervision including out of hours
- Teaching programmes & Simulation
- Non-essential tasks (e.g. discharge summaries on patients they’ve not cared for)
Discussion

• What might this mean for:
  – Wessex
  – Your Trust
  – Your specialty?